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ABSTRACT

This study explores the effects of a white, middle and upper-class preference system on the helping relationship. Evaluating people according to their monetary status, educational background, productiveness, and religious and social origins characterized many nursing students in the study. In an attempt to help students become aware of their own prejudices, examine their own value systems, and change their attitudes through understanding and acceptance of values different from their own, the study used exercises from human relations training such as role playing, racial slurs, and sensitivity groups. Following such exercises, subjects showed an increased awareness of the effects of racial prejudice on the helping relationship. (Author/LAA)

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Racism and the Helping Relationship: One Method For Increasing Awareness

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It was observed by one of the faculty members at Boston University School of Nursing, Maternal and Child Health Program, that the nursing students often had trouble relating to the patient and their families at a large metropolitan city hospital. The principal reason for this appeared to be that the students had very little knowledge or understanding of the patient's background or ethnic values which caused them to make invalid assessments of the patient's problems. An example of this was well stated by one of the students, when told that one of the requirements of the program was for the student to choose a patient and work with this patient and his family both in an institutional setting and in the patient's home. The student's response was that she planned to find a nuclear family with no problems from a comfortable and safe community. For she had been raised in a so-called problem-free type of community. She remembered, for example, when a black family tried to move on her street, the neighbors had gotten together and bought the house to keep the black family from getting it. She had not had exposure to people different from herself, outside of the hospital setting, and she wasn't about to get involved in a situation she was uncomfortable relating to. The students were unaware that they were functioning as a part of a preference system, that frequently operated to the exact detriment of some of the persons they wished to help and think they were helping.

Definition of Preference System:

The preference system are values and attitudes of the white upper and middle classes in which power and affluence flow along religious and ethnic lines.[2]

This system originated in this country as a part of the Protestant Puritan ethic.[3] The remnants of this system are the values and attitudes of the present white middle and upper classes. It is apparent that different ethnic and religious groups have achieved quite different levels of success in the United States. The preference system then is at the same time the cause and the result of the varied incorporation of persons actively seeking to come here, being brought by force or originally living here in relation to the dominant value system to the Puritan ethic, as experienced during the past 350 years on the North American continent. This system evaluates people according to their monetary status, educational background, productiveness, and religious and racial origins. The system operates in a manner which measures others by its standards, and anyone who can not be fitted into this mold is looked down upon and treated unequal and therefore as a sub-standard person.

Our society has a low tolerance for deviancy. One has only to look around in a large metropolitan area to recognize how we classify and departmentalize people and separate them from the main stream. Thus ethnic ghettos, income ghettos, homes for the aged, institutions for the physically, emotionally and mentally handicapped and penal institutions rather than correctional institutions have become an accepted part of our culture. This preference system operates as a result of prejudice - a judgement or opinion formed without due examination. These preconceived attitudes and feelings often have their roots in childhood. This preference system gives power and authority to the oppressor and acts to limit the freedom of the oppressed. This operates so as to place the object of prejudice at some disadvantage not brought about directly by his own misconduct.[1] It has been established that the development of racial awareness occurs by about three years of age, with attitudes and values devel-

oping in various ways positively and negatively from that point through adulthood. [5,6] These attitudes are influenced most directly by parents, but also come from all aspects of the growing person's life peers, school environment, teachers, religious, economic and political communities.

The oppressor is not always aware of perpetrating the preference system. This was the position the nursing students were in. The faculty in the Maternal and Child Health program then addressed itself to the problem of how to help students become aware of their own prejudicial feelings, and how to examine their own value system. The process incorporated was to have students compare the value systems of others and hopefully through this process bring about some attitudinal changes through understanding and acceptance of values different from their own.

Method

In the three planning meetings, which included one student and all faculty in the program, there was much ambiguity about the class. It was difficult in the first place to establish the purpose of the class. There were expressions of positive feelings about the class, but there was anxiety, discomfort with the whole topic, denial of the existance of a problem, and resistance to encouraging students or making it possible through an appropriate structuring of the class for students to in fact become more aware of their feelings in the area of black-white relationships. A frequent concern was the tearing down of a person's defenses, which the faculty did not want to happen to students this was a valid concern, but also seemed to be saying that maybe they did not know how to handle it if this particular topic of black-white re-

tionships were of particular stress. Questioned also was the validity of providing an opportunity to be concerned with feelings in an educational institution, whose function is that of cognitive learning.

After these exploratory sessions, the Maternal and Child Health faculty finally decided they wanted to have the class, but did not feel competent to do it themselves, so two experts in the field of human relations were consulted, and they undertook the responsibility for the class, and developed the methodology for it.

The approach used to study the situation were exercises taken from the field of human relations training and personal growth. The first exercise consisted of role playing where volunteers from both faculty and students were assigned roles to play. The roles, with instruction for how each member must play his part, were written beforehand and sealed in an envelope. No one was allowed to share his assigned role or instructions along with anyone. Each role had a different intent. The setting for the role play exercise was the conference room of a suburban hospital. The director of the board had called an emergency meeting to determine whether the board would accept eight million dollars in additional funds from the Federal Government. The money would be deposited in the hospital's account only if the board were willing to agree to treat non-whites, specifically Black and Puerto Ricans, in the hospital. Overcrowding of city hospital facilities had made such a move necessary. There were pressures involved to get immediate service for the Black and Puerto Ricans so the Federal Government needed a decision within 12 hours. Hence the board had come together to make their decision.

The rationale underlying the role-playing exercise was to unfreeze the entire group, introduce the subject matter in as unthreatening a way as possible. Experience has shown that the subject of racism and prejudice is difficult and sometimes impossible to discuss because the subject matter is each person entering the discussion. Hence your views, attitude and feelings are exposed and inevitably judged as accurate or inaccurate. Very often people don't come across to other group members and are inappropriately misjudged and misunderstood. This condition can have a withdrawal or a retaliatory reaction on the victim. Consequently the big task in the first exercise was to create an atmosphere, which suggested that different people's views, attitudes and feelings did have legitimate place in the discussion.

One other important aspect of the role play which allowed for the unfreezing and beginning participation had to do with the discussion material. It was one step removed from the group participants in that it was a simulated life situation and hence each group member played the role according to instructions which would give him an escape route of denial if, later, during the discussion other participants questioned whether the role he played was actually himself or a character he made up.

Finally as with many projective techniques used in psychology such as the Rorschach or the Thematic Apperception Test, people often get their own personalities caught up in the material and subsequently more of themselves is revealed than they realize. In the case of the role playing exercise, personalities were exposed. If the player's personality was not directly exposed then certainly it was indirectly via the instructions. They read: Your wife was held up and robbed at gun-point by a Puerto Rican. She was

almost killed. You are vehementaly opposed to having Puerto Ricans in your hospital. You must convince the other board members to vote with you in this matter. You're free to use any stereotypes, slurs, hearsays, research, old wives tales, myths to make your point. Needless to say those instructions, when followed, creates quite a lot of data for later group discussions.

The second exercise, called racial slurs, was used to get people more involved in the group process both on a physical and an emotional level. Groups generally have carry-over reactions to the first exercise and our experiences have shown that anxiety levels are heightened. If given a chance to physically move around, some of the physical energy can be focused. The racial slur exercise called for the group members to recall any slurs, they had ever heard or ever learned about black people. The response to these instructions brought words like greasy, stupid, childish, lazy, oversexed, sub-human, violent. These words were put on large individual sheets of paper and placed on the walls at different corners of the room. Next the group was told to move to the one slur that has the most meaning for him. Instructions were: You may want to talk to other people who selected the same slur. Find out why they did, and share with them your reasons for being at that spot.

After the group member moved to a location and began talking, they were given a second and, if time allowed, a third chance to move to another slur. We found the second choice was equally as important for collecting data for group discussion as the initial choice, primarily because the uncertain members felt safer on the second and third choices. Again the attempt was consciously made to create as safe an evironment for expression

as possible.

The third phase of the workshop was the sensitivity group approach used in human relations training. Sensitivity groups do increase group members' anxiety levels, which in our workshop we planned for it. We felt if people were not gently nudged from responses and can reactions, that not much new learning or new risks would take place.

On the other hand, it was the responsibility of the group leader to set the tone for the group. That is, he had to assure each member that each member was safe from unnecessary and unfocused confrontation from other group members. The larger group was split into two smaller groups of fifteen members each. The rationale for the split was to give each member more air time to express his views. We had to set up the group rules and time limits so members knew there was definite structure. For instance, one grouund rule was to have people make statements about how they felt rather than have them ask questions of other group members. Characteristically in black-white discussion groups whites ask questions of black members and it turns out that the black members speak and share their concerns while white members sit back comfortably and listen.

At the same time as building in structure, the group leader must also allow enough freedom from too rigid a structure so that group members could decide for themselves at what level they wanted to open the discussion. That is, whether to begin intellectualizing and talking about irrelevancies or to deal with the issues which had been uncovered and were presently at hand. The latter, as we have indicated, would be a higher risk but hopefully a higher level of learning. The decision rested upon each member's individual commitment.

Results:

The results of this method of increasing awareness of prejudice as it affects the helping relationships indicate that it was effective. This can be evaluated in terms of immediate results and in terms of the effects felt over a period of time.

During the class, with the progression set-up during the exercises, by the time the group session took place it was possible for some of the participants to talk about their own feelings which were aroused previously. The two sensitivity groups differed in composition and in leadership: one group consisted of a white leader, four white faculty members, nine white students, one black student and one black faculty member. The other group, led by Dr. McNeill, who is black, had three black students, 10 white students, and a white faculty member.

The experiences and the movement toward talking from their own feelings were different in the two groups. One group was able to deal more concretely, personally and on a feeling level from their own personal experiences: for some students some real movement took place during that hour. In this group there was a feeling of involvement, looking inward, and at the end satisfaction with the way it had gone. The other group with the five faculty members and the white leader seemed to stay more on an intellectual level. Individuals did not feel free to share intimate feelings and thoughts. The faculty seemed to dominate the discussion which may have been threatening to the students. Some faculty and the leader of the group did not follow the ground rules that were set. This produced resistance, anger, and hostility.

It had been decided by the planning group that an opportunity would be given to have another session, if the students and the faculty desired to; in an informal meeting at the close of the session it was seen as not necessary or desirable.

Though the immediate group experiences varied, the objective of increasing awareness of prejudicial attitudes and feeling was met. Feedback from students indicated that there was much discussion and interpersonal communication among themselves in the week that followed.

Results for many students that took place over along period of time was a gradual awareness of their own feelings and attitudes in many areas. Nurses are the main facilitators of total patient care, and it is necessary for them to be concerned with the emotional needs as well as the physical needs of patients and their families. Thus at such critical times as the acute illness of a family member, pregnancy, the possiblity of an abortion, the presence of drugs, the birth or the knowledge that a child is developmentally disabled, or the death of a family member, the nurse must be aware of her own feelings in order to provide assistance and support. It was in many of these vital area that the students did become more aware of their own feelings, their own values and attitudes.

During the entire second semester the course content, which was planned jointly by faculty and students, was concerned largely with attitudinal changes. Such topics as The Drug Scene, Genetics, Alternate Life Styles, Changing Social Values as They Affect Adolescent Health, Family Planning, The Pregnant Adolescent, and Abortion were thoughtfully considered.

During the second semester in one of the seminar sessions the students redefined the role of the nurse in relationship to pre and post abortion counseling. It was the consensus of the group that no matter what one's personal feelings were about the desirability of abortion, that this was a very traumatic time for the patient, and rather than avoiding her, the nurse needed to be supportive and give her extra care. Also often patients would talk about their feelings related to abortion when the nurse is administering to the patient's physical pains, and if the nurse was unresponsive this patient might not reveal these feelings again.

Another example of an attitudinal change which resulted from group participation was a clinical paper which two students wrote. Initially the problem to be studied was one of teaching family planning to Puerto Rican families. This then changed to a statement that the Puerto Rican culture acted as a barrier to teaching family planning. Eventually the students investigated in the paper the relationship between the attitudes of Puerto Rican mothers towards birth control and the changes in the traditional woman's role. This shift from their values to looking at the effect of their values on another culture was a notable and exciting one.

In the process of nurses becoming effective helping persons, it was necessary for them to be in touch with their own feelings in many areas. By creating an atmosphere of safety, emotionally laden topics not traditionally dealt with in an educational setting, can be identified and explored. With an increased awareness of their own feelings students with the support of their faculty at this institution were more effective in meeting the emotional and physical needs of children and their families.

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